

KAP Analysis of Mothers of School Going Children Suffering with Iodine Deficiency Disorder in Junagadh

By

Kanika Mahajan

*Dissertation submitted in partial fulfillment of the requirements of the degree
MBA Hospital and Health Management*

Academic year, 2017-2019



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TO WHOMSOEVER MAY CONCERN

This is to certify that **Kanika Mahajan**, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at National Health Mission, Gujarat from 04/02/2019 to 08/05/2019.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

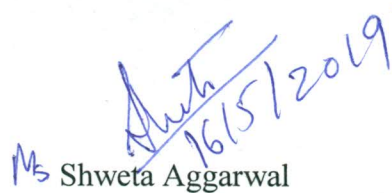
I wish her all success in all her future endeavors.

A handwritten signature in blue ink, appearing to read 'Ashok Kaushik'.

(Col.) Dr. Ashok Kaushik

Dean, Academics and Student Affairs

The IIHMR University, Jaipur

A handwritten signature in blue ink, appearing to read 'Shweta Aggarwal', with the date '16/5/2019' written below it.

Ms Shweta Aggarwal

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નં.જી.પં.જુનાગઢ/આરો./ડી.યુ.એચ.યુ./બાબત/૨૦૧૮-૧૯

This certificate is awarded to

Dr Kanika Mahajan

In recognition of having successfully completed her

Internship in the department of

District urban health unit

and has successfully completed her project on

KAP analysis of mother of school going children suffering from iodine deficiency

Date: 04/02/2019- 08/05/2019

Organization: NATIONAL HEALTH MISSION - GUJARAT

She comes across as a committed, sincere and

diligent person who has a strong drive and zeal

for learning

we wish her all the best for future endeavors

Zonal head (CDHO sir)

Sig.

8/5/19
C.D.H.O.
D. P. JUNAGADH

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled KAP analysis of mother of school going children suffering with iodine deficiency disorder in Junagadh.

and submitted by kanika mahajan Enrollment No-0583 under the supervision of Shweta Aggarwal for award of MBA in Health and Hospitals administration of the University carried out during the period from 04/02/2019 to 08/04/2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Signature

ACKNOWLEDGEMENT

At this junction of completion of my dissertation, thanks to almighty for everything and thanks to my family and my teachers for all guidance and support.

Every institute has a team that leads to the successful completion and I am so fortunate to be a part of IIHMR University. This whole journey is the result of new learning, discussions, meeting and consultation at different level to get desire result.

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Thanks to all

Kanika mahajan

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INTRODUCTION

Iodine deficiency disorders – Recognized as one of the major nutritional disorder, constitute a significant public health problem globally.

IDDs encompass the spectrum of disability and disease and include goiter. Iodine deficiency is known to be the single largest cause of preventable brain damage.

IODINE- A nutrient needed in a minute quantity daily . Recommended daily intake is 150ug (micronutrient) but it depends on age group.

Why iodine is important?

Iodine is an essential micronutrient required for normal body growth and mental development and its primary role is to synthesis of thyroxin, after thyroid glands, ovaries holds the highest concentration of the iodine. Iodine deficiency in first 1000 days can cause hypothyroidism and irreversible impair to neuromotor development and it is the single most preventable cause of MR and it helps to regulate the immune system

Consequences of iodine deficiency- Nutritional iodine deficiency reckons its impact right from development of the foetus to all ages of human beings. It could result in abortion, still birth, mental retardation, deaf-mustism , squint , dwarfism ,goiter, neuromotor defects etc. Most of these disorders are permanent and irreversible in nature except certain type of goiter.

Where mild to moderate deficiency during childhood reduces the growth of child and during pregnancy, the daily requirement for iodine increases from 150ug to 250 ug to account for increased renal clearance and to cover the need of the fetus.

Due to iodine deficiency severe brain damage can lead to cretinism and goiter which further lead to loss of IQ, mild and moderate brain damage and loss of energy due to hypothyroidism.

Where goiter is enlargement of thyroid gland and is considered as one of the most prevalent iodine deficiency disorder.

STEP1: Inspection of the neck of respondent to assess goiter

- 1) Sit in the level of respondent
- 2) Observe the presence of any mass/nodule at the neck and if present, tell respondent to swallow and observe the upward movement of nodule.

STEP 2: Palpation

- 1) Palpation best done by standing behind the patient with putting thumbs on the nape of neck and fingers over the thyroid gland from both the sides.
- 2) Tell respondent to swallow and feel the Thyroid glands.

Effect of iodine deficiency disorder is depending upon their life stages

As goiter is one of the most prevalent iodine deficiency disorder, need to know more about it. it classifies into grades that is grade 0, grade 1 and grade 2

In grade 0 – Not visible and palpable

In grade 1 – not visible but palpable

In grade 2 – visible swelling in the neck

To know the seriousness of iodine deficiency disorder, are one of biggest problem in public health, National iodine deficiency disorder control program is being implemented in the country.

- ✓ In phase 1(1956-83): Research lead to evolution of program
- ✓ Kangra valley study: the study established the relationship between iodine and goiter and leads to creation of national goiter control program
- ✓ In phase 2(1983-2000): National goiter control program were skewed towards goiter only.
- ✓ As iodine deficiency can creates several other disorders there was need of a program which cover whole spectrum of Iodine Deficiency Disorder, so it called NIDDCP.
- ✓ Phase 3: Ban on non -iodized salt (1997) and lifted in 2000.

- ✓ Phase 4: Ban of non- iodized salt reinstated in 2005.
- ✓ Revised policy guidelines of NIDDCP (2006)
- ✓ First national iodine and salt intake survey in 2015.

What meant by iodization of salt?

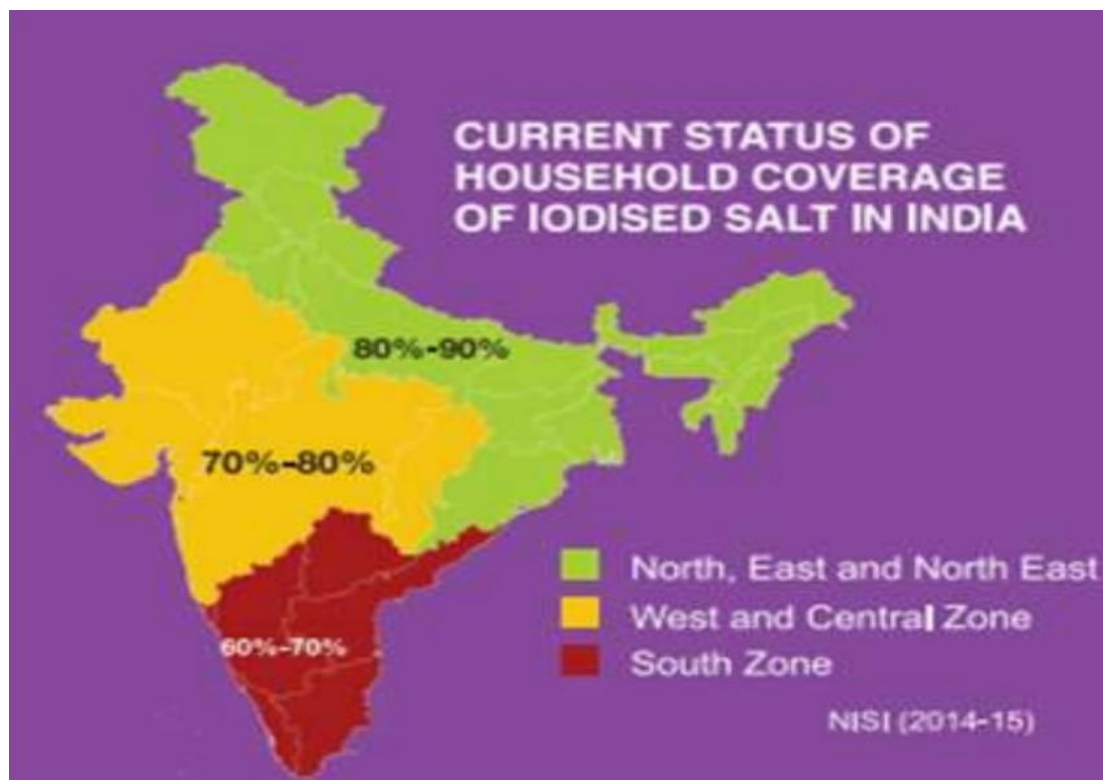
- ✓ Adequate iodization of salt consumed by human and animals.
- ✓ Rationale of USI:
- ✓ Diseases of soil, hence present in all times, effects are irreversible, prevention is better than cure.
- ✓ USI has been recognized as the most cost – effective and viable solution to prevent and control IDD.

RATIONALE

According to the survey of current status of household coverage of iodized salt in India (NISI-2014-2015). Gujarat state covers 70 -80 percentage of iodized salt intake. as per the last survey conducted in Gujarat under the department of health and family welfare, government of India for control and prevention of iodine related disorders in school -going children, out of 33 districts 17 districts were found endemic for iodine deficiency disorder and Junagadh is one of them. the age of 6-12 is crucial age iodine deficiency disorder in this age leads to brain damage, effect IQ level and goiter.

Majority of consequences are irreversible but preventable in India to we know the exact factor affecting the population, factors can be varying from place to place and person to person.

Fig No 2 – current status of iodized coverage in India



According to the study conducted by

Iodine deficiency during pregnancy can lead to permanent disorder in the development and growth of child

In most countries, the best strategy to control iodine deficiency in populations is carefully monitored universal salt iodization. (Homepage – Laboratory of Human Nutrition | ETH Zurich [Internet]. [cited 2019 May 13].

According to the study conducted by Iodine Deficiency Disorder in Children Aged 6-12 Year Ambala,

Clinical study was conducted in AMBALA for iodine deficiency disorder.

Strict implementation of salt iodization and marketing in hard to reach areas is recommended as a measure to control the situation.

Was observed age is the factor for the iodine deficiency it can increase with age and in adolescent age group iodine need to be in more demand for the body. (Chaudhary C, Pathak R, Ahluwalia SK, Goel RKD, Devgan S. Iodine deficiency disorder in children aged 6-12 years of Ambala, Haryana. Indian Pediatr [Internet]. 2013 Jun 8 [cited 2019 May 13])

According to UNICEF

Iodine deficiency can lead to a variety of health consequences Iodine deficiency is a major cause of preventable mental illness. It is especially damaging during pregnancy and school going age In their most severe forms. (Iodine Deficiency in Pregnancy - UNICEF Data [Internet]. [cited 2019 May 13]. Available from: <https://data.unicef.org/topic/nutrition/iodine-deficiency/>)

Gaps

IDD is preventable but no proper utilization of field workers in ground level as in rural area ASHA are frontline worker as she can aware mothers about salt intake and different nutrients.

In many of the studies have read regarding IDD can lead to loss of learning , damaging in pregnancy , but not talked about prevention or intervention as mid-day meal is the source to give children proper in take of salt and every Wednesday there is mamta divas which can be utilize for awareness and practices.

And when mothers comes for ANC checkup, then this factor need to be contributed

Research title

knowledge, attitude and practices of mother of school going children suffering with iodine deficiency disorder in Junagadh.

Research Question

What is the knowledge, attitude and practices of mothers of school going children suffering with iodine deficiency disorder in Junagadh?

Sub Questions are:

What are the major factors contributing to iodine deficiency disorder?

Objectives of the study

To assess the major factors contributing to iodine deficiency.

METHODOLOGY

Study design:

Study design of this study is a mixed study (qualitative and quantitative) and a cross-sectional study.

Sampling techniques – Convenient sampling

As per the NIDDCP guidelines, at the district level, survey was conducted using the Population Proportionate to Size (PPS) sampling methodology for children aged 6 – 12 years , clinical survey conducted in endemic district , Junagadh is one of them under the training and guidance of district program

coordinator and the data from clinical survey under the guidelines of the NIDDCP was collected to determine the further iodine grades of children and this data was further used in the study .

[data for grades1 of IDD.xlsx](#)

- The sample population of this study is 86 respondents/children from chosen three government schools of rural area, as per the survey.

Table No 1-

Villages	children in grade o	children in grade 1	children in grade 2
Mekiya	69	13	8
Leriya	68	12	10
Virdi	68	14	8

As for the convenient random sampling, divided the population in equal proportionate, children of grade 0 are more in number, so to avoid biasness, children's are divided in to equal proportion.

Table No 2-

Village	Children in grade 0	Children in grade 1	Children in grade 2
Mekiya	10	10	8
Leriya	10	10	10
Virdi	10	10	8

N=86

The children were classified among three iodine grades that is grade 0, grade 1, grade 2 and with grade 0 to grade 2 children's mothers was called in the parent teacher meet and Questionnaire was given to them to fill , which help to know the different practices of mothers of children and association of contributing factor.

Study district - Government school in Junagadh

QUESTIONNAIRE

DEMOGRAPHIC

Closed ended Questionnaire will be used to collect data,
it consist of four section - which is demographic data to know background profile such as name, age, sex, residence, occupation, other section is consists of household data to know their social economic status and literacy rate,

KNOWLEDGE and Practice

Knowledge section to know the awareness and knowledge of mothers regarding iodine and IDD and the practice section is to know practices of mothers related to iodine.

Data Analysis

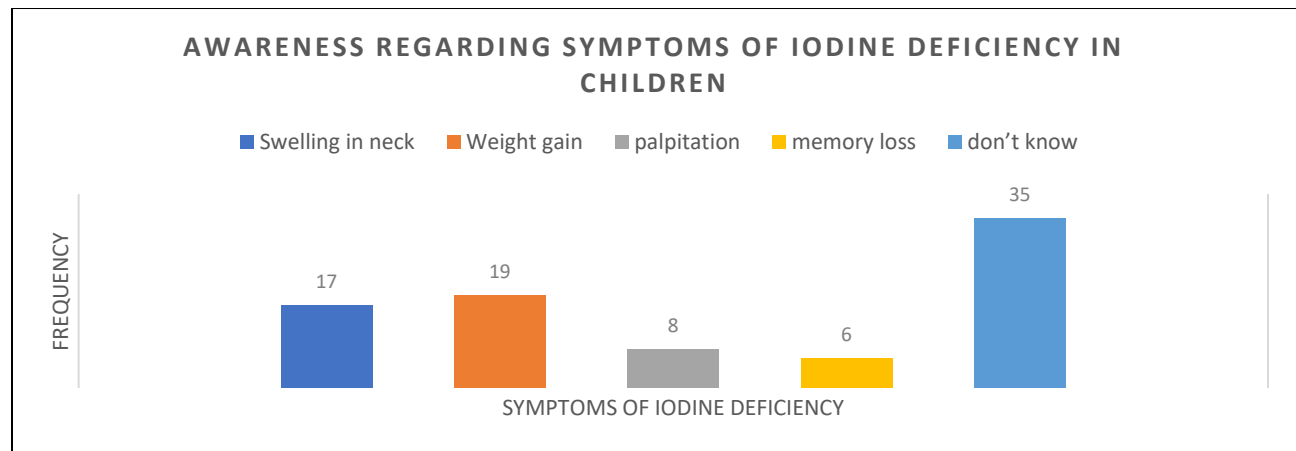
SPSS and MS excel will be used for data analysis

- **To determine the knowledge, attitude and practices of mothers of sample population**

Knowledge of symptoms of IDD

which of these are symptoms of iodine deficiency (table no. 3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 swelling in neck	17	19.8	20.0	20.0
	2 weightgain	19	22.1	22.4	42.4
	3 palpitation	8	9.3	9.4	51.8
	4 memoryloss	6	7.0	7.1	58.8
	5 dontknow	35	40.7	41.2	100.0
	Total	85	98.8	100.0	
Missing	System	1	1.2		
Total		86	100.0		



INTERPRETATION:

To know the awareness regarding symptoms of iodine deficiency in children ,I asked this question to respondent which are mothers of sample population and I came across to know 17 mothers can relate swelling in neck as a symptoms , most of them in this number are literate ,as well as they

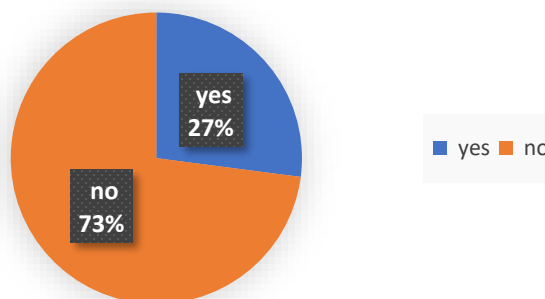
know because some of their children are in severe grade of iodine deficiency and 35 mothers don't know the symptoms of IDD and 19 that is 22% of mothers were considering weight gain as a symptom.

Knowledge of IDD grades

grades do you know the grades of IDD (**table no. 4**)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 yes	23	26.7	27.1	27.1
	2 no	62	72.1	72.9	100.0
	Total	85	98.8	100.0	
Missing	System	1	1.2		
Total		86	100.0		

Knowledge regarding grades of iodine deficiency disorder

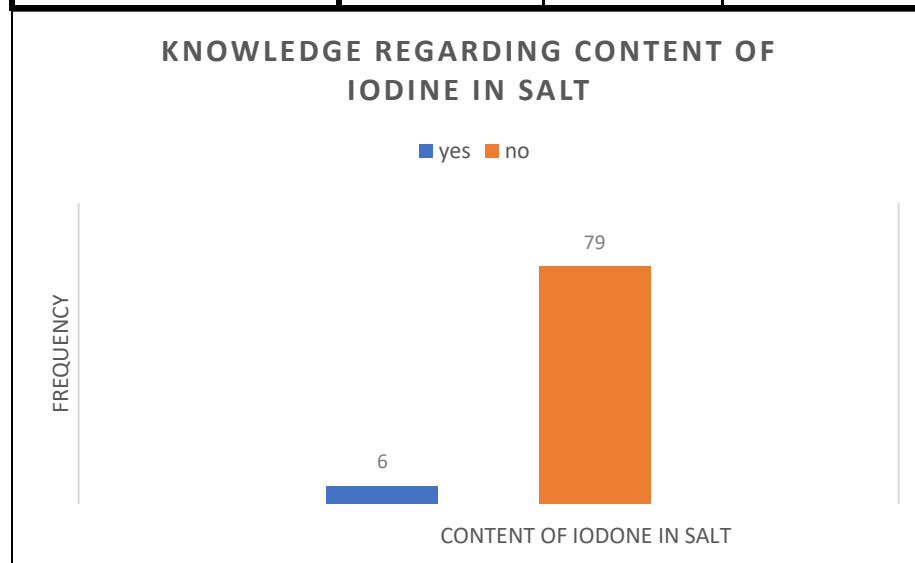


INTERPRETATION- To know the knowledge of iodine deficiency grade I asked this question to respondent , to know their knowledge regarding it, and 73% don't know about it and 27% said yes that they know and reason behind it some of the respondent children are in grade 3 or in grade 2.

-Knowledge about iodine content in salt

Content in salt do you check the content of iodine in salt **(fig no. 5)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 yes	6	7.0	7.1	7.1
	2 no	79	91.9	92.9	100.0
	Total	85	98.8	100.0	
Missing	System	1	1.2		
Total		86	100.0		



INTERPRETATION:

Out of 85 respondents only 6 respondent have knowledge about iodine content in salt and out of 86 respondent 79 respondent don't know. so more awareness and IEC need to be need to know the importance and amount of iodine regarding with age.

To assess the major factors contributing to iodine deficiency.

Association between IDD and literacy

Count **Fig no. 6**

		iodine deficiency does your child currently have iodine deficiency?			Total
		1 yes	2 no	3 dntknw	
Attended school have you ever	1 yes	6	23	8	37
attended class	2 no	28	4	16	48
Total		34	27	24	85

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	29.340 ^a	2	.000
Likelihood Ratio	31.515	2	.000
Linear-by-Linear Association	2.855	1	.091
N of Valid Cases	85		

INTERPRETATION_

Null hypothesis – there is no association between IDD and literacy.

Alternate hypothesis – there is an association between IDD and literacy

This table represents the two categorical, nominal factors, which are independent to each other, Chi-Square statistics are reported with degrees of freedom and sample size and the significance level (.000), $p < .05$. which shows there is an association between iodine deficiency and literacy. The sample included 85 respondents, 37 who attended school, and 48 who reported as not attended school.

Hypothesis is rejected.

Association between IDD and occupation

typeofwork what type of work you mainly do * iodinedeficiency does your child currently have iodine deficiency?

Crosstabulation

Count **Fig no. 7**

		iodinedeficiency does your child currently have iodine deficiency?			Total
		1 yes	2 no	3 dntknw	
typeofwork what type of work you mainly do	0 housewife	26	8	21	55
	1 professional	0	4	1	5
	2 salesworker	0	2	1	3
	4 productionworker	0	9	0	9
	5 agriculturalworker	8	4	1	13
Total		34	27	24	85

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	38.737 ^a	8	.000
Likelihood Ratio	43.541	8	.000
Linear-by-Linear Association	1.548	1	.213
N of Valid Cases	85		

INTERPRETATION:

Null hypothesis – there is no association between IDD and occupation of respondent.

Alternative hypothesis – there is an association between IDD and occupation of respondent. This table represents the two categorical, nominal factors, which are independent to each other, Chi-Square statistics are reported with degrees of freedom and sample size and the significance level (.000), $p < .05$. which shows there is an association between occupation and IDD, where out of 85 respondent 55 respondents are housewife from which 26 respondents children have IDD and 13 are in agriculture from which 8 children have IDD.

Null hypothesis is rejected.

Association between IDD and gender

sex of subject * does your child currently have iodine deficiency? Crosstabulation

Count **Fig no. 8**

		iodine deficiency does your child currently have iodine deficiency?			Total
		1 yes	2 no	3 dntknw	
sex of subject	1 girl	21	15	11	47
	2 boy	13	12	13	38
Total		34	27	24	85

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.446 ^a	2	.485
Likelihood Ratio	1.446	2	.485
N of Valid Cases	85		

Null hypothesis – there is no association between IDD and gender. There is no association between iodine deficiency disorder and gender, as $p < .05$, which shows no contribution of gender in iodine deficiency, which leads to equal consideration of both sex. NULL hypothesis is accepted.

Association between IDD and special food for prevention of IDD **fig no. 9**

		iodine deficiency does your child currently have iodine deficiency?			Total
		1 yes	2 no	3 dntknw	
prevention have you make any	1 sea food	0	15	5	20
special food for prevention from	2 plantgrown in iodine rich soil	0	12	0	12
IDD , if yes then name	3 cowmilk	21	0	0	21
	4 not applicable	13	0	19	32
Total		34	27	24	85

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	98.279 ^a	6	.000
Likelihood Ratio	119.213	6	.000
Linear-by-Linear Association	.500	1	.479
N of Valid Cases	85		

Null hypothesis – there is no association between IDD and special food for prevention.

This table represents, significant value is $p > 0.5$, there is association between IDD and food for prevention. Food plays an important role, having proper nutrient,

and some food and milk products are very rich in iodine content .15 mothers gave seafood and seen no children in IDD as compare to others.

Null hypothesis is rejected.

FINDINGS

Research title	Research question	Sub question	Objective
Kap analysis of mothers of school going children in Junagadh	What is the knowledge, attitudes and practices of school going children in Junagadh?	What are the major factors contributing to the iodine deficiency disorder?	- To determine the knowledge, attitude and practices of mothers of sample population - To assess the major factors contributing to iodine deficiency.

findings	Results
Association between IDD and literacy. Association between IDD and gender. Association between IDD and special food for prevention. Association between IDD and iodine content in salt. Knowledge of symptoms of iodine Knowledge of IDD grades.	#There is an association between IDD and literacy , null hypothesis is rejected. # There is no association between IDD and gender , null hypothesis accepted. #There is association between IDD and special food , and also association with IDD and iodine content #I came to know 17 mothers can relate swelling in neck as a symptoms , most of them in this number are literate ,as well as they know because some of their children are in severe grade of iodine deficiency and 35 mothers don't know the symptoms of IDD and 19 that is 22% of mothers were considering weight gain as a symptom.

A qualitative study on respondent of sample population to know their knowledge and awareness regarding iodine deficiency disorder.

The one on one discussion tool was based on four parameters - Comprehension of the message, Interest in the prevention from iodine deficiency, Desire to initiate , and an action prohibiting cessation process, which are the four states of mind a consumer experiences before making a purchase of a salt from the market and does respondent use any other source of iodine rather than salt .

Methodology-it is a qualitative approach

Sample population – mothers of respondent

Sample site – rural area in junagadh

Data analysis

I have taken audio of respondent during the interview , questions was open ended , not probing in nature.

FINDINGS

⇒ Awareness of the IODINE and symptoms of iodine - Most of the participants were aware about the type of IODINE but not aware about the symptoms of iodine , one of the respondent said headache , fever and one said I have thyroid because of iodine , so they actually not aware about the symptoms of iodine.

⇒ Perceived benefits of iodine - Even not a single respondent know the benefit of iodine , only a respondent who is b,com by qualification she knows that iodised salt should be taken because , deficiency mostly seen in children and as a prevention she used it do , the person consuming it seems to have such a thought process.

⇒. Continuation of iodised salt while watching any advertisement regarding it – it won't make a big difference. As some said in audio that they watched advertisement, but they don't know what is iodised means they only understand the word shudh namak, that's why they used TATA salt.

⇒ Action prohibiting cessation process: In Gujarat the main issue is they use sugar more than salt in cooking that's why Gujarat is a diabetic capital , I asked whether they used salt more than sugar in cooking while watching advertisement , as it provides a positive stimuli, but the process of cessation will not be affected if they are extremely determined to use sugar than salt , as salt intake is low.

Suggestions:

- As many clinical studies related to IDD was done but in Junagadh there is more need to do study or survey related to knowledge, awareness and practice as they know the word iodine, abut they don't know the meaning, symptoms and its importance. As I found there is an association between literacy and knowledge about iodine deficiency so some outreach camp, IEC in their regional language need to be done as most of the population in rural areas are not aware
- As many of the articles said that iodine deficiency occurs more in girls but in my study, there is no association between iodine deficiency and gender so both need to be considered.
- As during the audio interviews most of the respondent said that they watched advertisement regarding salt, but they don't know the actual purpose behind it.
- so mamta divas will be utilized for giving them basic knowledge about the nutrient contents and importance.

- salt is not the only source of iodine other substituents are also there like milk, iodized plant and fish so we can encourage them to use these products.
- IDD is preventable but need to do proper utilization of field workers in ground level as in rural area ASHA are frontline worker and she can aware mothers about salt intake and different nutrients.
- In many of the studies have read regarding IDD can lead to loss of learning , damaging in pregnancy , but not talked about prevention or intervention as mid-day meal is the source to give proper intake of iodized salt in school going children and every Saturday there is ASHA meeting which can be utilize to give training regarding IODINE and its deficiency
- And when mothers come for ANC checkup, proper counselling given to them.
- Nutak natak , IEC regarding the symptoms of IDD .
- As in this study most of the women was not attended school, then mahilla arogye samiti can be used to provide them sufficient knowledge and awareness
- In this study have seen most of them are not practice using other substitute rather than salt, MAS can be helpful to tell them the importance of iodized rich food.

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APPENDIX

QUESTIONNAIRE:

RESPONDENT: mothers of sample population

**INS: ASK PARENTS TO BE PRESENT DURING INTERVIEW TO HELP
CHILD IN RESPONSE**

**(BEFORE ENQUIRY, PLEASE INFORM THE PURPOSE OF
ASSESSMENT)**

CONFIDENTIAL

**(For research
purpose only)**

IDENTIFICATION	CODE
STATE NAME [1..... Gujarat; 2.....other	
TYPE OF AREA [1..... Rural; 2..... Urban]	
(NAME OF Respondent _____)	
Name of child _____)	
AGE OF SUBJECT [CHILDREN AGED 6-12 year]	
SEX OF SUBJECT [1..... girl; 2.....boy; 3.....; transgender]	

INTERVIEW TIME STARTHOURSMINUTES

SECTION 1: BACKGROUND CHARACTERISTICS

1.	What is your religion?	HINDU01 MUSLIM02 CHRISTIAN03 SIKH04 BUDDHIST/NEO-BUDDHIST05 JAIN06 JEWISH07 PARSI/ZOROASTRIAN08 NO RELIGION09 OTHERS (SPECIFY)99	☐
2	Which class do you belong to?	GENERAL SCHEDULED CASTE 01 SCHEDULED TRIBE 02 OTHER BACKWARD CLASS 03 NONE OF THESE 04 DON'T KNOW05	☐
3	Have you ever attended school?	YES 1 NO 2	☐
4	What is the highest standard of education completed by you?	STANDARD	☐
5	Aside from own house work, have you worked for cash ?	YES 1 NO 2 NOT APPLICABLE 3	☐

6	What type of work does you mainly do or used to do? INS: PROFESSIONAL includes technical, administrative, and managerial occupations PRODUCTION WORKER includes skilled and unskilled manual occupations	HOUSE WIFE..... .. 0 PROFESSIONAL1 SALES WORKER2 SERVICE WORKER3 PRODUCTION WORKER.....4 AGRICULTURAL WORKER5	☐
1.Knowledge /Awareness Regarding Iodine			
1.1	Have you ever heard the word “IODINE”	[1.....yes, 2..... NO]	☐
1.2	If yes, you get iodine from which of the following?	Common salt.....1 Iodised salt..... 2 Fish3 Seaweed..... 4	☐
1.3	Have you watched any advertisement regarding iodine?	Yes..... 1 NO..... 2	☐
1.4	Does your child currently have iodine deficiency?	Yes..... 1 No2	☐

		Don't know.....3	
1.5	Which of the following is dependent on iodine?	Heart1 Thyroid2 Liver.....3 Don't know.....4	☐
1.6	Which of the following are symptoms of iodine deficiency?	Swelling in neck1 Weight gain.....2 Palpitation.....3 Memory loss.....4	☐
1.7	Have you ever told by doctor; your child has IDD?	YES.....1 NO.....2	☐
1.8	Do you know the grades of IDD?	YES.....1 NO.....2	☐

1.9	If yes, which idd grade your child belongs	YES.....1 NO.....2	☐
	If grade 1 or grade 2		QUES- 2.4

SECTION 2: PRACTICES

Q. No.	Question	Category	Code
2.1	Which of the following salt generally used in cooking?	Common salt.....1 Iodized salt.....2 Black salt.....3 Others.....4	☐
2.2	Do you check iodine content in salt while purchasing	Yes.....1 No2	☐

Q. No.	Question	Category	Code
2.2	Have you taken your child frequently to visit doctor for health check-up?	Yes.....11 NO.....22 Yes, but not frequently.....3	☐
2.3	Have you taken your child to visit doctor in the last three months ?	Yes.....11 No22	☐
2.4	What do you generally do to cure your child from IDD?	drops.....11 tablets of iodine.....22 syrup.....33 None.....44	☐ Do not probe
2.5	Have you make any special food for prevention from IDD, if yes then name	Sea food.....11 Plant grown in iodine rich soil.....22 Cow milk.....33	☐ NO PROBI NG

Q. No.	Question	Category	Code

END OF THE INTERVIEW